OK 12457/31/12

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

SEC	TION A - PROPERTY	/ INCODE ATION	I soo walls were
A1. Building Owner's Name KEYLAND LLC	HON A - PROPERT	INFURIMATION	FOR INSURANCE COMPANY USE Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, an 155 HAMPTON LANE	Company NAIC Number:		
City KEY BISCAYNE	S	itate FL	ZIP Code 33149
A3. Property Description (Lot and Block Numbers, Tax Pare	cel Number Legal Descrip	otion etc.)	
LOT 14, BLOCK 19 OF "4TH ADD. TO TROP	CAL ISLE HOMES SU	JBD", P.B. 53, PG. 39.	M/D.C.R.
A4. Building Use (e.g., Residential, Non-Residential, Additi A5. Latitude/Longitude: Lat. 25 6980 A6. Attach at least 2 photographs of the building if the Ce	Long80.1656	Hos	rizontal Datum: ☐ NAD 1927 ■ NAD 1983
A7. Building Diagram Number 7. A8. For a building with a crawispace or enclosure(s):		AO F 1-21 /	
 a) Square footage of crawlspace or enclosure(s) 	12 sq ft	A9. For a building wit	th an attached garage: ge of attached garage 0 so ft
 No. of permanent flood openings in the crawlspace enclosure(s) within 1.0 foot above adjacent grade 	or 3	b) Number of pe	ermanent flood openings in the attached garage
c) Total net area of flood openings in A8.b	1000 sq in	within 1.0 foc	ot above adjacent grade _0
d) Engineered flood openings? 🗌 Yes 🛛 No		d) Engineered fl	
SECTION B - FLOO	OD INSURANCE PATE	MAP (FIRM) INFOR	
B1. NFIP Community Name & Community Number	B2. County Na		
B4. Map/Panel Number B5. Suffix B6. FIRM Index	I MIAMI/DAD	<u>E</u>	B3. State
12086C 0483	Revised D	ate	AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) of	data or base flood depth	entered in Item B9:	
☐ FIS Profile ☑ FIRM ☐ Community Determined	Other/Source:		
	NGVD 1929 □ N	IAVD 1988 Other/	Source:
B12. Is the building located in a Coastal Barrier Resources S Designation Date: / / CBI	System (CBRS) area or 01 RS □ OPA	therwise Protected Area (OPA)? 🗌 Yes 🔀 No
SECTION C - BUILDII C1. Building elevations are based on: Construction			
A new Elevation Certificate will be required when cons	truction of the building is	Iding Under Construction complete.	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V. C2.a–h below according to the bullding diagram specific	1–V30, V (with BFE), AR, A	AR/A, AR/AE, AR/A1-A30), AR/AH, AR/AO. Complete Items
Benchmark Utilized: MI-11 ELEV=4.35'		Datum: NGVD 1929	
Indicate elevation datum used for the elevations in item Datum used for bullding elevations must be the same a	is a) through h) below [5	☑ NGVD 1929 ☐ NAVD	
a) Top of bottom floor (including basement, crawispace,		7 1	the measurement used.
b) Top of the next higher floor	or enclosure noor)	10 1	⊠ feet
c) Bottom of the lowest horizontal structural member (\	/ Zones only)	N1/A	XI feet ☐ meters XI feet ☐ meters
d) Attached garage (top of slab)		<u>N/A</u>	Ineters Ineters Ineters
e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Commercation in Commercation).	nts)	10 . 0	▼ feet
f) Lowest adjacent (finished) grade next to building (LA		6.7	☑ feet ☐ meters
g) Highest adjacent (finished) grade next to building (HAh)h) Lowest adjacent grade at lowest elevation of deck or			X feet ☐ meters
structural support	stairs, including	7.1	☐ feet ☐ meters
SECTION D _ SUDVE	YOR ENGINEER OF	ADOLUTES	
This certification is to be signed and sealed by a land surveyor	endinger or grabitant a	ARCHITECT CERTIFI	
I understand that any false statement may be punishable by fine	PERNIC MV hact affarts to	(mtaummataba alata a series a	
 ☑ Check here if comments are provided on back of form. ☑ Check here if attachments. 		ude in Section A provided ☑ Yes ☐ No	
Certifier's Name RICHARD E COUSINS		License Number 4188	- Rosel Ca-
Certifier's Name RICHARD E COUSINS Title LAND SURVEYOR & MAPPER	Company Name	License Number	INC PSMALLED
Certifier's Name RICHARD E COUSINS Title	Company Name	License Number 4188	ode Syant

IMPORTANT: In these spaces, copy the corresponding information from S	ection A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. 155 HAMPTON LANE	Policy Number:		
City State KEY BISCAYNE FL	ZIP Code 33149		Company NAIC Number:
SECTION D - SURVEYOR, ENGINEER, O		ERTIFICATION (C	(ONTINUED)
copy both sides of this Elevation Certificate for (1) community official, (2) in			
Description of the square feet), A8-b - Louver door openings for 2 closets.	MARK # MI-11 EL d verified by the G needed. A/C=10.	EVATION= 4.35' L	atitude and Longitude was obtaine program. Field survey datum used
Signature Dahad & Co	Date 06/27/	2013	
SECTION E - BUILDING ELEVATION INFORMATION (SURVE	Y NOT REQUIRE	D) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
for Zones AO and A (without BFE), complete Items E1–E5. If the Certificate for Items E1–E4, use natural grade, if available. Check the measurement use 1. Provide elevation information for the following and check the appropriate grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is	sed. In Puerto Rico d	only, enter meters.	above or below the highest adjacenters above or below the HAG.
2. For Building Diagrams 6–9 with permanent flood openings provided in So	ection A Items 8 and		
the next higher floor (elevation C2.b in the diagrams) of the building is		☐ feet ☐ mete	ers 🗌 above or 🗌 below the HAG.
3. Attached garage (top of slab) is		☐ feet ☐ mete	<u> </u>
4. Top of platform of machinery and/or equipment servicing the building is 5. Zone AO only: If no flood depth number is available, is the top of the bot ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certife	tom floor elevated Ir	accordance with the	
SECTION F - PROPERTY OWNER (OR O	WNER'S REPRES	SENTATIVE) CERT	TIFICATION
he property owner or owner's authorized representative who completes Secone AO must sign here. The statements in Sections A, B, and E are correct roperty Owner or Owner's Authorized Representative's Name	ctions A, B, and E for to the best of my k	Zone A (without a F nowledge.	EMA-issued or community-issued BFE) (
ddress	City	Sta	ate ZIP Code
gnature	Date	Tel	ephone
omments	TV INFORMATION	L (ODTIONAL)	☐ Check here if attachments.
SECTION G - COMMUNIT ne local official who is authorized by law or ordinance to administer the comm			can complete Sections A. P. C (or E) on
of this Elevation Certificate. Complete the applicable item(s) and sign below. The information in Section C was taken from other documentation who is authorized by law to certify elevation information. (Indicate A community official completed Section E for a building located in Z The following information (Items G4–G9) is provided for communit	Check the measure that has been sign the source and date one A (without a FEN	ment used in Items G ed and sealed by a I e of the elevation da MA-issued or commu	8–G10. In Puerto Rico only, enter meter licensed surveyor, engineer, or archited Ita in the Comments area below.)
4. Permit Number G5. Date Permit Issued	G6.	Date Certificate Of	Compliance/Occupancy Issued
 This permit has been issued for: New Construction Substance Elevation of as-built lowest floor (including basement) of the building: BFE or (in Zone AO) depth of flooding at the building site: Community's design flood elevation: 	antial Improvement	feet meter	rs Datum
ocal Official's Name	Title		
ommunity Name	Telephone		
gnature	Date		
omments			
			☐ Check here if attachments

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

MPORTANT:	In these	spaces, copy	the co	orresponding	information	from Section A.
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FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No 155 Hampton Lane

Policy Number:

CITY

KEY BISCAYNE

State FL

ZIP Code

33149

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



DATE TAKEN 06/25/13



DATE TAKEN 06/25/13

ELEVATION CERTIFICATE, page 4

Building Photographs

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No 155 Hampton Lane

Policy Number:

CITY

KEY BISCAYNE

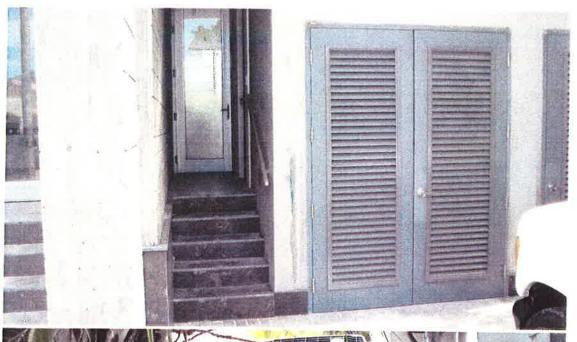
State FL FL

33149

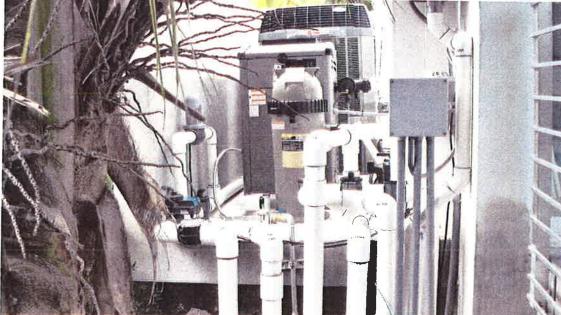
ZIP Code

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



DATE TAKEN 06/25/13



DATE TAKEN 06/25/13

ELEVATION CERTIFICATE, page 5

Building Photographs Continuation Page

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, Suite 155 Hampton Lane			
CITY KEY BISCAYNE	State FL ZIP Code FL	33149	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



DATE TAKEN 06/25/13



DATE TAKEN 06/25/13